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HQCA
Health Quality Council of Alberta

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How common are chronic illnesses?

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How long do people wait for health care?

Where does the money go?

How are you?

It might be the most common question people hear every day. And the usual answer is, "I'm fine thanks." Sometimes, a friend will say they have a miserable cold or their child was up all night with an earache. Too often, we hear about people who have been in a car collision. And occasionally, we hear tragic stories of people with serious, life-threatening health problems.

If we asked the same question about the health of Albertans, what would the answers be?

Not surprisingly, the answers would be about the same. Overall, we're just fine. Most of us enjoy good health, aside from minor illnesses, aches and pains. But some people have serious health problems. And there are warning signs that, as a society, we are not doing enough to protect our health.

Here are the most important things you need to know from this year's report.

- Compared to the rest of Canadians, Albertans enjoy good health.
- Chronic diseases like heart disease and diabetes are on the rise—and, in most cases, they can be delayed or prevented.
- The number of new cases of cancer is growing dramatically. But so is our ability to successfully treat many kinds of cancer. At least half of all cancers could be prevented.
- Mental health remains a silent illness, but it affects one in five Albertans. Access to care when people need it is a serious concern.
- Far too many people die or are injured on Alberta's roads and highways from motor vehicle collisions. And the costs to individuals, their families and the health system are enormous.
- Some good steps have been taken to shorten waiting times. But waiting times still are too long for some services.
- Health care costs are continuing to increase significantly and are a source of concern.

There's one clear message that cuts across all of this information. **More can be done by our society and by all of us to prevent major illnesses and injuries.** If we did a better job of preventing illness and injury, there would be fewer health problems, we'd save pain and suffering for countless Albertans, and we'd save the health system millions of dollars each year.

About the Health Quality Council's Report to Albertans

Health is important to Albertans. And for good reason.

People want to know what's happening in Alberta's health care system, how it measures up, and how our health compares with people in other parts of Canada and around the world. They want to know how the money gets spent and what results are achieved. They want to know about leading illnesses. And, to the extent possible, they want information not just for the province as a whole, but for the health region where they live.

That's where the work of the Health Quality Council of Alberta (HQCA) comes in. The HQCA's job is to independently report to Albertans on the quality, safety and performance of the publicly funded health system. The purpose is not only to keep people well informed about important issues and trends in their health system, but also to point to areas where improvements are needed.

This is the Council's second report to Albertans. In this and future reports, we'll track several key indicators about the health of Albertans and the quality of our health care system. We've chosen indicators that are tracked all across Canada so we can look at what's happening in Alberta and compare that to trends in Canada.

Each year, we'll also feature information about important health issues. This year's report features the following:

- Chronic diseases
- Mental health
- Access to health services
- Trends in cancer
- Motor vehicle injuries
- Paying for health care

For more information about the Health Quality Council of Alberta, visit **www.hqca.ca.**

The most recent information for 2004 shows that the vast majority of Albertans (88%) rate their health as excellent, very good, or good.

How healthy are Albertans?

The answer is, overall, Albertans are pretty healthy. But there are some signs of concern. To assess Albertans' health, we rely on a mix of indicators that, taken together, give a snapshot of people's health on a year-to-year basis. Here is a sample of what we know about Albertans' health.

Albertans' health status compares well with other provinces.

Albertans typically live long and healthy lives. The most recent information for 2004 shows that the vast majority of Albertans (88%) rate their health as excellent, very good, or good. For Albertans over 65, the percentage drops to 78%. Those ratings haven't changed much since 2000.[1]

When we look at some specific illnesses, the story varies.

- Alberta's rate for diabetes (3.6%) is lower than the Canadian average (4.6%) for the population aged 12 and over.[2]
- Alberta's rate for asthma (9.1%) is higher than the Canadian average of 8.4%. The highest rates in the province are in the Calgary and Northern Lights health regions (9.3%).[3]
- Alberta's injury and suicide rates are among the highest in Canada. In Peace Country and Northern Lights health regions, the rate of deaths from unintentional injuries is more than double the Canadian average.[4]
- About the same percentage of people have arthritis and rheumatism in Alberta (16.3%) as in the rest of Canada (16.8%), but the rates are considerably higher in East Central (21%) and Aspen (20.9%) health regions.[5]
- More women are getting pap smears and mammograms to detect cancer early.

More than half of Alberta women had a pap smear in the last year

Women aged 18-69

	2003	2000/2001	1996/1997
Alberta	58.4%	58.7%	58.0%
Canada	52.3%	55.0%	55.4%

Source: Statistics Canada, Canadian Community Health Survey

The rate of women over 50 receiving mammograms within the last two years is increasing

Women aged 50-69

	2003	2000/2001	1996/1997
Alberta	74.2%	70.9%	63.1%
Canada	72.4%	72.6%	63.1%

Source: Statistics Canada, Canadian Community Health Survey

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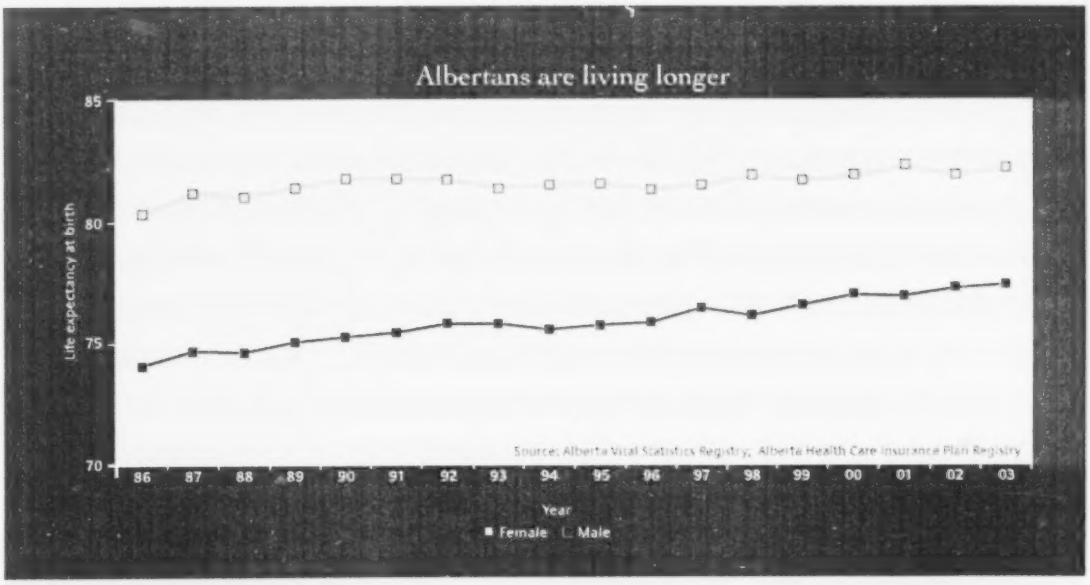
About 30% of Albertans rate themselves as physically active and about a third say they eat the recommended five to 10 servings of fruits and vegetables a day.[9]



A number of factors affect our health

There's a direct link between how healthy people are and whether or not they have a good education, an adequate income, and take care of their health.

- **Albertans' average incomes were higher than the Canadian average and fewer people are unemployed in Alberta than in the rest of Canada.[40]**
- **More than half of Albertans are post-secondary graduates, but our rates of high school completion are lower than the Canadian average.[41]**
- **Studies have found that staying active and eating five to 10 servings of fruits and vegetables a day can reduce the risk of heart disease, diabetes and cancer dramatically. About 30% of Albertans rate themselves as physically active and about a third say they eat the recommended five to 10 servings of fruits and vegetables a day.[6] Almost 59% of Alberta men and about 40% of women are overweight and/or obese.[7]**
- **Smoking is known to have a direct impact on health. Twenty-three per cent (23%) of Albertans smoke and 14% of young people aged 12 to 19 smoke.[42]**
- **Drinking alcohol during pregnancy can have a serious impact on children before they are born. About 4% of women reported drinking alcohol while they were pregnant.[43]**

Only 30% of Albertans are physically active

	Physically active	Moderately active	Physically inactive
2003	**%**	**%**	**%**
Alberta	30.6	24.9	44.4
Canada	26.9	24.9	48.2
2000/2001			
Alberta	27.7%	24.3%	48.0%
Canada	22.9%	23.6%	53.5%
1996/1997			
Alberta	25.6%	24.1%	50.3%
Canada	20.6%	22.6%	56.8%

Source: Statistics Canada, Canadian Community Health Survey

More Albertans are choosing not to smoke

Household population aged 12 and over

	Daily or occasional smoker		
	2003	2000/01	1996/97
Alberta	23.0%	27.7%	28.1%
Canada	23.0%	26.0%	27.7%

Source: Statistics Canada, Canadian Community Health Survey

Compared with the rest of Canada, the percentage of people who die in hospital as a result of having a heart attack or stroke is lower in Alberta than in the rest of Canada.[8]

How does Alberta's health system measure up?

Consistent information is tracked across Canada on a number of measures that assess the quality, safety and performance of the health system. Those measures show that:

- Compared with the rest of Canada, the percentage of people who die in hospital as a result of having a heart attack or a stroke is lower in Alberta than in the rest of Canada.[8]
- About the same numbers of people are re-admitted to hospital in Alberta as in the rest of Canada for illnesses like asthma and pneumonia. Our readmission rates for heart attacks are generally better than the rest of Canada, but in some health regions, they are considerably higher.[9]
- The rates for people breaking their hips are higher in Alberta than in the rest of Canada, not only in people's homes and communities but in hospitals as well.[10]
- Alberta's rates of caesarian births are the same as the rest of Canada but more moms have a vaginal birth after a caesarian.[11]
- Alberta's rates for diseases like pertussis (whooping cough) and tuberculosis have declined in the past eight years as have the rates for AIDS. On the other hand, rates for gonorrhea have close to doubled since 1996. The rates for measles and E-coli infection for 2003 are about the same as they were in 1996. The pertussis rates have fallen, particularly for infants and young children, following the introduction of an improved vaccine.[12]
- Eighty-seven per cent (87%) of Alberta's children are immunized for measles, mumps and rubella by the time they are two years old, and 76% of children are immunized for diphtheria, tetanus, pertussis, polio, and H. influenza type B (Hib). These rates have been about the same over the past five years, but are still below the provincial target of 98%. About 68% of Alberta's seniors get an annual vaccination for the flu. The rate has been about the same over the past four years but remains below the provincial target of 75%.[13]

Only a small percentage of people return to hospital after a heart attack
(28-day readmission rates based on 3 years of pooled data)

	2000-2003	1998-2001
Alberta	3.5%	5.3%
Canada	4.5%	6.7%

Source: Statistics Canada and Canadian Institute for Health Information Health Indicators 2003 and 2004

Alberta's rates for certain health services are similar to the rest of Canada

- Alberta's rates for hip and knee replacements are higher than the rest of Canada while our rates for hysterectomies and bypass surgeries are lower.[14]
- Alberta has fewer physicians per 100,000 people than the Canadian average. That applies to both family physicians and specialists. Not surprisingly, in Alberta the rates are higher in major urban centres and lower for health regions that serve rural areas.[44]

How common are chronic illnesses?

Chronic illnesses are far too common. They affect a lot of people. They persist over a long time. They cause suffering, pain, and death. And they cost the health care system a lot of money.

In Alberta, about two thirds of all deaths are due to chronic diseases. Some people live with chronic diseases over many years and it directly affects their ability to work and live productive and positive lives. Disability caused by chronic illnesses is a serious problem in Alberta.

Heart disease and stroke caused 5,748 deaths in 2000. Across Canada and in Alberta, high blood pressure rates have gone up significantly. In 1994-95, 8.7% of Canadians and 6.9% of Albertans had high blood pressure. By 2003, those percentages had jumped to 14.4% of Canadians and 12.2% of Albertans.[15]

Cancer caused 4,826 deaths in Alberta in 2001 and the number of new cases is increasing each year.[16]

Chronic respiratory illnesses (bronchitis and emphysema) claimed the lives of 1,285 Albertans in 2000.[16]

Diabetes affects more than two million Canadians and thousands of Albertans. In 2000, about 100,000 Albertans were diagnosed with diabetes. Projections are that the number of Albertans living with diabetes will double over the next 15 years. The incidence of diabetes is even higher for Aboriginal people. In 1999-2000, over 2,800 people were hospitalized for diabetes.[16]

Mental illness affects one in five Albertans. That adds up to about 600,000 people. Across Canada, the cost of mental illness is estimated at well over $14 billion including direct treatment costs, lost productivity, disability, and early death.[17]

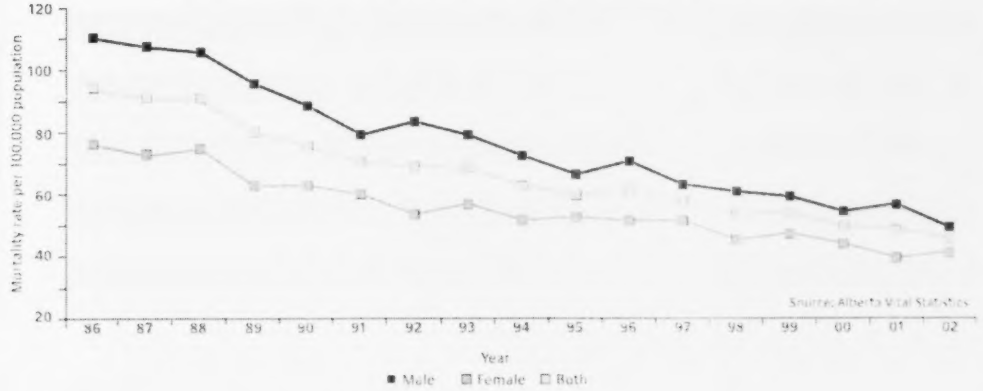
Chronic illnesses put a major strain not only on the individuals with the illnesses and their families, but on our entire health system. Across Canada, the total cost of illness, disability and death due to chronic illnesses is estimated at over $80 billion a year. Heart disease alone costs the Canadian economy over $18 billion a year.[18] In Alberta, a 1998 study estimated the economic burden of heart disease at close to $1.7 billion.[19]

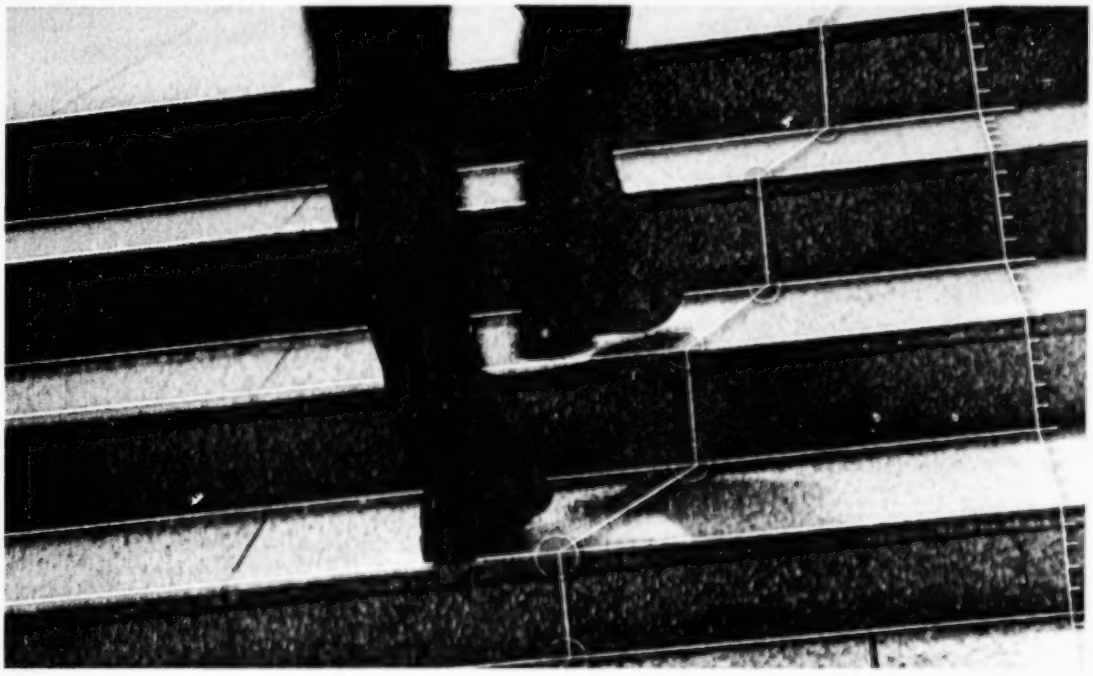
An even greater tragedy than the costs is the fact that many of these chronic illnesses can be prevented and lives can be saved. Chronic illnesses like heart disease, respiratory diseases, diabetes—and even cancer—are not inevitable.

As a society, we can do more to promote healthy choices and make it easier for families to access affordable recreation activities and healthy diets. People can reduce their risk for many chronic illnesses by getting more active, eating a healthy diet, and not smoking.

More people are surviving heart attacks

(acute myocardial infarction age-standardized mortality rate per 100,000 population)





"Eva Westlund developed inoperable lung cancer last September as a result of exposure to second-hand smoke. The 73-year old never smoked in her life, but worked in an office where colleagues did. 'It's unfair,' she says. 'Any time you say you have lung cancer, people look at you as if it's your own fault for smoking'."

Catherine Carson, The Face of Cancer, Your Health - Capital Health's magazine for living well.

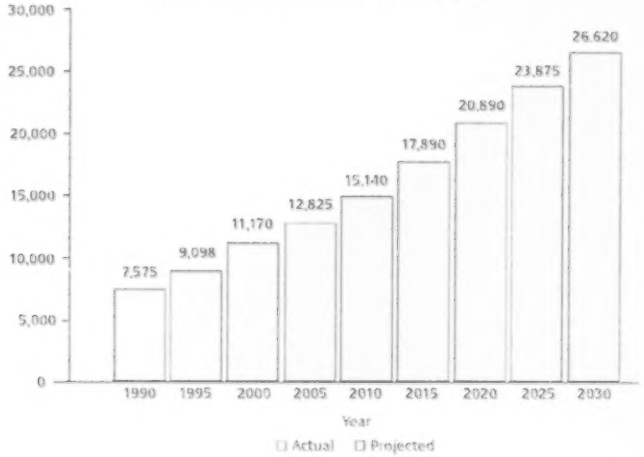
What's the news about cancer?

When it comes to cancer, there's good news and bad.

The good news is that new treatments are producing much better outcomes. About one half of people who develop cancer can be cured and the chances are better if cancer is detected early. Furthermore, at least half of all cancers can be prevented—through good nutrition, physical activity, not smoking or being exposed to smoke, and protecting against sunburns and artificial tans from tanning salons.

The bad news is that the number of new cases of cancer diagnosed each year is increasing dramatically, and will almost double between 2000 and 2020. Much of the increase is due to our aging population. The risk of cancer increases with age. But this does not mean that cancer is just a disease of the elderly. Among people aged 35–64, cancer kills more people than heart disease, stroke, unintentional injury, and infectious diseases combined.

Actual and projected number of new cases of invasive cancer in Alberta



Source: Alberta Cancer Board

One out of every three Albertans will develop cancer sometime during their lifetimes. Four types of cancer—lung, colorectal, breast, and prostate cancer—account for over half of all cancer cases and over half of all cancer deaths. Lung cancer has the highest death rate, accounting for 23% of all deaths from cancer.

A focus on colorectal cancer

Colorectal cancer is a serious threat to Albertans' health. The number of cases is increasing and it's the second leading cause of cancer deaths.

About 55% of people are still alive five years after they're diagnosed. The good news is colorectal cancer can be prevented and, if it's caught early enough, the cure rate is higher. To lower the risk of developing colorectal cancer, people should:

- Eat more vegetables.
- Be physically active for at least 45 minutes five or more days a week.
- Maintain a healthy body weight.
- Get regular screening tests beginning at age 50.
- Limit how much red meat they eat.
- Limit the amount of alcohol consumed.

Source: Alberta Cancer Board

Why don't we talk about mental illness?

"We should ensure that ours will be the last generation that allows shame and stigma to rule over science and reason."

Dr. Gro Harlem Brundtland, Director General, World Health Organization

"These people are just that–people–and they deserve the same level of care and attention that any Albertan deserves. They require prompt medical access, good long term group support, affordable accommodation, and coverage for medications that keep them stable."

Listening to Albertans, A summary of public input to the Provincial Mental Health Planning Project

We should. Because mental illness affects one in five Albertans. And the only way we can address the problem is by talking about it, presenting the facts, and pointing to areas where better care and treatment are needed.

How many Albertans are affected by mental illnesses?

A recent Alberta study[20] shows that:

- About 7.2% of people in Alberta have one or more psychiatric conditions that they need to seek help for or that interfere with their day-to-day functions.
- Mood disorders (including depression) have a substantial impact on people's ability to function, but so do anxiety disorders and substance-abuse disorders.
- There are variations in rates of different types of mental illnesses across the province. In all regions, however, there are gaps in access to the treatment people need. And the majority of people with symptoms of mental illnesses do not seek treatment.[21]
- More women than men experience mood and anxiety disorders while more men have substance abuse disorders. Most people who suffer from these disorders are between 26 and 45.

Another Alberta study done in 2003 tracked 486 adults with severe mental illness in three regions and confirmed that continuity of care matters, and it makes a positive difference. When there is continuity in care, people have a better quality of life, milder symptoms, better functioning in the community, and greater satisfaction with the services they receive. There are additional costs involved in providing good continuity of care in the community (about $1,500 more per patient), but it saves hospital costs (an average of close to $4,800 in savings per patient).[22]

In 2003, the **Provincial Mental Health Planning Project** sought the views of Albertans on a number of questions related to what's working well and what isn't, where there are gaps in services, and what the priorities should be. A report on the input received, called **Listening to Albertans**, summarized the key message in one word: **MORE.**

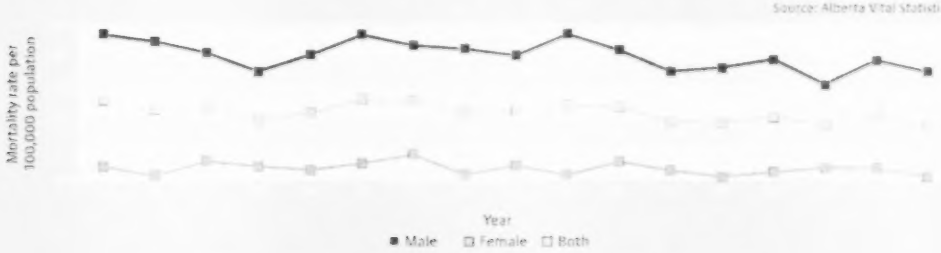
People said we need more services in hospitals, more beds in acute care hospitals and provincial facilities, more community-based programs and services, more supports for people to be independent and employed in their communities, more outreach, outpatient and rehabilitation programs, more awareness programs, more housing with supports for people with mental illness, more coordination of services, more support for families, more crisis intervention, and more mental health providers. Serious concerns were expressed about the lack of access to necessary programs and services and the need for stable, adequate funding.

Early in 2004, a new **Provincial Mental Health Plan** was finalized. For more information about it, go to **www.amhb.ab.ca**.

Alberta's rates of suicide and self-inflicted injuries continue to be high

(age-standardized mortality rate per 100,000 population)

Source: Alberta Vital Statistics



How many people die on Alberta's roads and highways?

The answer is far too many. By the end of an average day in Alberta, about 80 people will be injured, more than 500 vehicles will be damaged, and at least one person will be dead—all because of traffic collisions.[23]

The total costs to individual Albertans, to their families, and to Alberta's society were estimated to be close to $4.7 billion in 2002.[24] One Alberta study estimated the total health-related costs of motor vehicle collisions at $400 million in 2001.[24] At Capital Health and the Calgary Health Region, estimates are that the costs for a person injured in a motor vehicle collision and admitted to hospital are between $10,000 and $13,800. Almost 29,000 Albertans were injured in traffic collisions in 2002.

Saving Lives on Alberta's Roads also provides some interesting information about traffic collisions in Alberta.

- The number of deaths from motor vehicle collisions has gone down since 1965, but the number of injuries has increased substantially.
- In terms of people who were killed in traffic collisions in 2002:
  - Just over half were drivers.
  - Almost a quarter were passengers.
  - 39 were pedestrians.
  - 7 were killed while riding a bicycle.
  - 24 people were riding on motorcycles.
- Young male drivers between the ages of 16 and 19 are most likely to be involved in collisions where people die.
- An Aboriginal Traffic Safety Summit report indicated that, in 2001, motor vehicle fatality rates for Aboriginal people were three times higher than rates for the non-Aboriginal population.[25]
- About one out of every five people involved in fatal collisions had consumed alcohol before the collision.
- Seatbelts save lives. People who were not using a seatbelt at the time of a collision were two and a half times more likely to be injured than those who had their seatbelt buckled. For every 100 unbelted occupants who died in motor vehicle collisions, as many as 80 of them may have lived if they had worn their seatbelt.[26] In rural Alberta, the rates of seatbelt use are lower than in urban areas, but the rates have increased from just over 69% in 1999 to over 85% in 2004.[27]
- Most of the collisions—over 80%—happen in urban areas. But over 70% of fatal collisions take place in rural communities.
- Contrary to popular belief, the majority of fatal collisions (63%) take place on dry roads. Slush, snow or ice was involved in less than 17% of all fatal collisions.

Why are Alberta's rates of injuries and deaths from traffic collisions so high? Some suggest it's because of drivers' attitudes. Too often, people think of collisions as an inevitable part of driving. Close to 30% of Albertans think that injuries in traffic collisions are not preventable or only somewhat preventable.[28] In fact, the large majority of traffic collisions are not accidents at all—they can be prevented.

The problem appears to be more serious in rural Alberta. One study notes that, "rural drivers tend to have a higher propensity than urban drivers to engage in the driver actions that contribute most substantially to rural collision fatalities including driving without seatbelts and driving under the influence of alcohol." The same study quotes the RCMP as saying, "the three main reasons people die in rural collisions are 'they drink and drive, ignore stop signs, and don't use their seatbelts'."[29]

In September 2004, the provincial government formally adopted the recommendations from the report **Saving Lives on Alberta's Roads**, and committed to developing a province-wide road safety plan within the next six months. For more information about the report, go to www.trans.gov.ab.ca.

Dial **Health Link** for advice and information

Health Link is a province-wide phone system that allows people to talk to nurses for health advice and information. It's accessible seven days a week, 24 hours a day.

On average, **Health Link** receives 15,795 calls a week. About 85% of the calls are seeking health advice and information.

With just over half the calls, people were given advice on self care and treatment at home. In about a third of the calls, people were advised to see a doctor or talk with another health care provider. Fourteen per cent (14%) of the callers were advised to go to the emergency department.

To contact **Health Link** call **(403) 943-5465** in Calgary, **(780) 408-5465** in Edmonton, or toll free from anywhere in the province at **1-866-408-5465**.

The top 10 reasons why people call **Health Link** are:

- Infant/child health issues
- Respiratory problems
- Fever
- Bowel problems
- Nausea and vomiting
- Skin problems
- Communicable diseases
- Abdominal problems
- Pregnancy problems
- Trauma

How long do people wait for health care?

It depends what kind of care they need and how urgent the problem is. When there is a life-threatening situation, there is no waiting whatsoever. But in other cases, the wait times are long.

What do we know about current wait times in Alberta?

- The number of people waiting for hip or knee replacement surgeries has increased in the past two years. Waiting times have not changed and continue to be longer than the target set by Alberta Health and Wellness.[30] The average waiting time for hip and knee replacements is just under five months and the target is four months.

- The waiting times for inpatients urgently needing heart surgery are at or close to the target of one week at both Calgary and Capital health regions. For urgent outpatients, people wait over six weeks compared to the target of two weeks. For planned outpatients, the wait time ranges from three to 10 weeks.[31]

- For cancer treatments, people wait longer than the target of four weeks to start radiation therapy for breast and prostate cancer. For 2003-04, the average wait for breast cancer treatments at the Cross Cancer Institute in Edmonton was 11.4 weeks and, at the Tom Baker Centre in Calgary, the average wait was six weeks. For prostate cancer, men waited an average of 13.9 weeks at the Cross Cancer Institute and 6.4 weeks at the Tom Baker Centre.[32]

- In 2003-04, 77,524 MRI scans were performed, about the same number as in 2002-03. More people are waiting for an MRI than last year. In the last quarter of 2003-04, about half of the people waiting for an MRI received it within 10 weeks and 90% received their MRI within 25 weeks.[33] Waiting times for MRIs are posted on a Web site at **www.health.gov.ab.ca** and they vary considerably across the province.

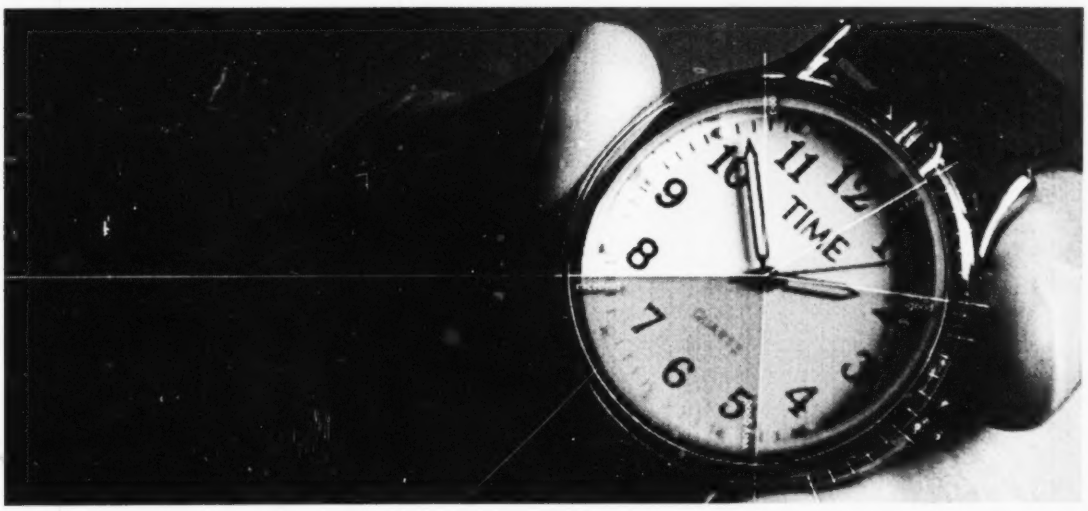
- In the last quarter of 2003-04, 267 people were waiting in an acute care hospital for admission to a continuing care centre. That's down from earlier in the year and also compared to 2002-03.[34]

- Access to physicians, to specialists, and to a range of hospital services is important to Albertans. In a 2004 survey by the HQCA, 45% of Albertans said it was easy to access the health care services they actually received. That's up from 42% in 2003. About a quarter of the people surveyed said it was difficult to access health care services, about the same as in 2003.

Access to Health Care Services

Service Area	2004 (easy to access)	2003 (easy to access)
Lab tests	85%	81%
Finding a family doctor	72%	69%
Diagnostic imaging (excluding MRI)	70%	N/A
Mental health services	65%	N/A
Community walk-in clinics	60%	N/A
Surgery received	58%	58%
Home care	56%	61%
Hospital services (personally received)	51%	52%
Emergency room services	49%	46%
MRIs	49%	N/A
Specialist services	47%	42%

N/A denotes trending not available
Source: HQCA Satisfaction with Health Care Services: A Survey of Albertans 2004



People who are waiting for certain health care treatments can now check out a wait list registry online. For more information, go to **www.health.gov.ab.ca.**

Is Alberta's health care system safe?

Patient safety is a growing concern. A national study released in 2004 estimated that 7.5% of patients admitted to Canadian hospitals in 2000 experienced "adverse events"—unintended injuries or complications caused by health care management rather than by the patient's underlying disease. Adverse events can lead to death, disability, or prolonged hospital stays. The study also found that almost 37% of the adverse events could have been prevented.[47]

In a 2004 HQCA survey, 33% of Albertans who had experience with the health care system said they were concerned about medical mistakes (up from 30% in 2003). Thirteen per cent (13%) said they or a family member had experienced a medical mistake (virtually unchanged from 14% in 2003). As a result of the 2003 survey findings, the HQCA undertook additional targeted research. The **Alberta Patient Safety Survey** will focus on Albertans' opinions and actual experiences with medical errors and safety issues in the health system. It also looks at Albertans' personal experiences with preventable medical errors. The results of the survey will be released in the winter of 2005.

The province spends more on health care each year than all the money it collects in personal income tax, transfers from the federal government and health care premiums combined.

Where does the money go?

Albertans know that health care costs a lot of money. And the costs are going up every year. What they might not know is where the money goes and why the costs are increasing so dramatically.

Let's begin with what we know.

In 2004-05, the provincial government will spend almost $8.4 billion on health care. That's a billion dollars more than last year.

It's hard to imagine how much money that is. To put it in perspective, if you spent $100,000 every day, it would take you 27 years to spend a billion dollars. And the provincial government spends eight times that much in one year alone.

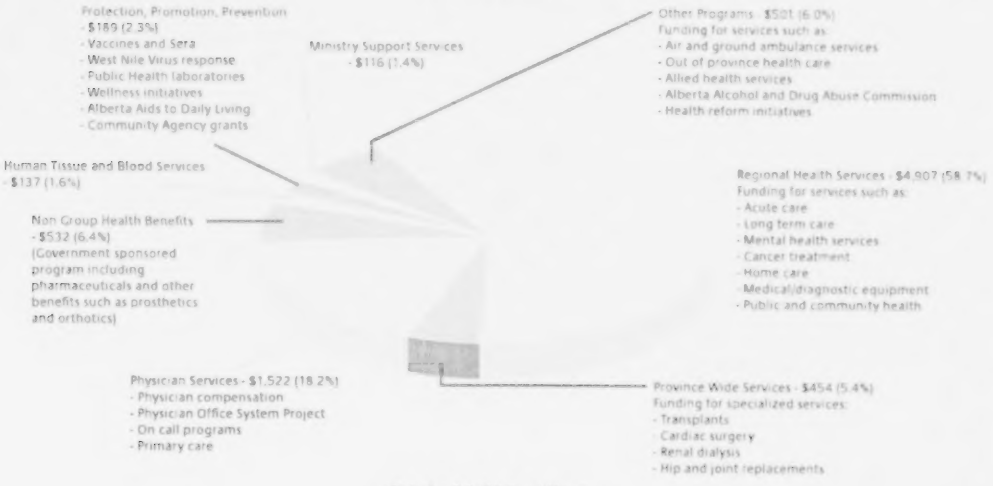
Since 1995, provincial government spending on health care has increased by over 100%. On average, spending on health care has increased by about 10% a year. The province spends more on health care each year than all the money it collects in personal income tax, transfers from the federal government and health care premiums combined.

In comparison with other provinces, a recent Canadian report shows that Alberta spends $2,900 per person on health care, the second highest in Canada.[35]

What does the money pay for?

As the chart on the next page shows, most of the money goes to health authorities to pay for hospitals, health centres, community programs, tests like MRIs, and public health programs. A significant proportion goes to pay for physician services and the rest is divided up among highly specialized health services, protecting people against communicable diseases, and so on.

Alberta Health and Wellness - 2004/2005 Funding Allocation
($ in Millions)


Protection, Promotion, Prevention
- $189 (2.3%)
- Vaccines and Sera
- West Nile Virus response
- Public Health laboratories
- Wellness initiatives
- Alberta Aids to Daily Living
- Community Agency grants
Ministry Support Services
- $116 (1.4%)
Other Programs - $501 (6.0%)
Funding for services such as:
- Air and ground ambulance services
- Out of province health care
- Allied health services
- Alberta Alcohol and Drug Abuse Commission
- Health reform initiatives
Human Tissue and Blood Services
- $137 (1.6%)
Regional Health Services - $4,907 (58.7%)
Funding for services such as:
- Acute care
- Long term care
- Mental health services
- Cancer treatment
- Home care
- Medical/diagnostic equipment
- Public and community health
Non Group Health Benefits
- $532 (6.4%)
(Government sponsored program including pharmaceuticals and other benefits such as prosthetics and orthotics)
Physician Services - $1,522 (18.2%)
- Physician compensation
- Physician Office System Project
- On call programs
- Primary care
Province Wide Services - $454 (5.4%)
Funding for specialized services:
- Transplants
- Cardiac surgery
- Renal dialysis
- Hip and joint replacements

Total - $8,358 million
Source: Alberta Health and Wellness

What drives increasing health care costs?

People

Health care is a people business and about 70% of all the money spent on health care goes to people who deliver health care services. Every time the salaries for these people go up, more people are hired, or the mix of staff and professionals changes, so do the costs in the health system.

Drugs

As new drugs are developed, there are clear benefits to patients. But the costs can be astronomical. Drugs for a person with multiple sclerosis can cost up to $1,500 a month. Gleevac, a cancer drug for chronic leukemia, costs $53,000 per person a year or $4,500 a month. A report for The Conference Board of Canada indicates that spending on drugs across Canada is increasing by over 9% a year.[36]

Chronic diseases

Across Canada, estimates are that heart disease, diabetes and cancer cost the Canadian economy more than $45 billion and account for about 67% of all direct health care costs in the country.[37] In 2000-01, the overall costs of diabetes to Alberta's health care system were estimated at over $262 million.[38] In spite of the fact that many chronic illnesses can be prevented, the proportion of provincial and health region budgets spent on disease prevention and health promotion is minimal compared with spending on hospitals, treatments and tests.

High costs of treatments and technology

In Alberta, it costs less than $30 for a visit to your family doctor and only about $50 for an annual check up. But when you go to hospital, the costs are substantial. Think about these examples.[39]

- A hip replacement including physician costs and the stay in hospital costs about $11,500. In 2002-03, there were almost 2,200 hip replacements done in Alberta for a total cost of about $25 million.
- Knee replacements are a bit cheaper—only $9,895—but more of them were done. The total cost for knee replacements in 2002-03 was $26 million.
- Heart bypass surgery is one of the most expensive services. It costs $25,000 for physician and hospital services for a typical bypass. Over 1,800 bypasses were done in 2002-03 for a total cost of $46 million.
- A normal delivery of a healthy baby costs about $3,900 for hospital services and physician costs. Those costs go up significantly if there are problems with the baby's delivery or the baby's health. There were almost 30,000 babies born in 2002-03. Over $250 million is spent on childbirth and health problems of newborn babies in hospitals alone.
- It can cost over $13,000 when someone is hospitalized for depression and bipolar disorders and over $14,600 if a person is hospitalized for schizophrenia, depending on how long they stay in hospital. Total costs: $67 million for depression and bipolar disorders; $53 million for schizophrenia.
- The typical cost of an MRI scan in 2002-03 was $400. Well over 77,000 MRIs were done in 2003-04.

Aging population

Alberta's population is aging. As people age, especially in their last years of life, they use more health services. But aging alone may not have as much of an impact on increasing health care costs as people might think. Estimates are that health care costs increase by about 1% annually as a direct result of us getting older.

The provincial government suggests that, if nothing changes, spending on health care could take up about two thirds of the province's entire budget by 2020. Work continues in Alberta and across Canada on new ways of delivering health services at a lower cost.

Many of these initiatives, like primary health care, better coordination of services, more effective use of a mix of health care providers, and steps to contain increasing drug costs, are promising but it remains to be seen whether they can save enough money to offset increasing costs. From the information in this report, clearly one of the best long-term approaches is to promote good health and do more to prevent illness and injuries.

Fax your comments to us at (403) 297-8258

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What is the Health Quality Council of Alberta?

The Health Quality Council of Alberta (HQCA) is an arm's length organization empowered and funded by the Government of Alberta through the Minister of Health and Wellness to report directly to Albertans on the quality, safety and performance of health services. The Council identifies best practices, and reviews and monitors the following dimensions of health care quality: access, acceptability, appropriateness, effectiveness, efficiency and patient safety.

Want more details?

For additional copies, go to **www.hqca.ca** or call our office at (403) 297-8162. While you're visiting our Web site, sign up to receive updates of HQCA activities.

We'd like to hear from you.

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2. Did you find the report informative and useful? Yes_____ No_____

3. How could we improve future publications?

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4. What other topics would you like to see the HQCA focus on in the future?

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5. Other comments?

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Thank you for completing and returning this questionnaire.

The HQCA thanks the members of the Health Report 2004 Expert Working Group and all others who helped prepare this publication.

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